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Vol. XLV
Number Six

Wednesday, March 25, 1914

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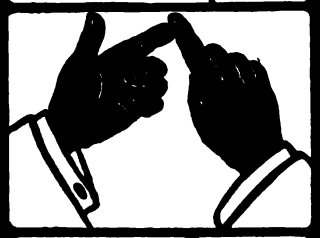

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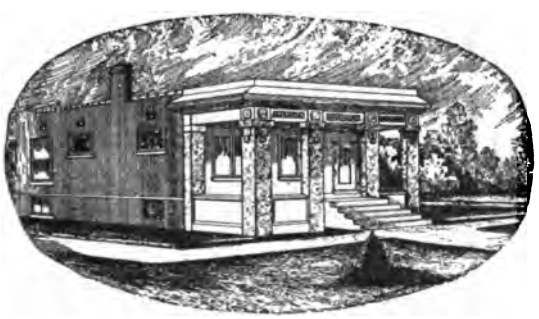

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Vol. XLV WEDNESDAY, MARCH 25, 1914. No. 6

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LEADING ARTICLES

THE INDIAN OPERATION FOR CATARACT

FLAVEL B. TIFFANY, A. M., M. D.

KANSAS CITY, MO.

It has been said that one's first impression of India is an impression of the teeming life of the country—of the unwonted number of living beings, both animal and human that crowd cities and rural districts alike. And I thought that one could well add that the second and most lasting impression of a physician at least, is that of the uncertain duration of the myriad lives, or rather of the constant menace of death which overhangs them all. The land is a land of extremes. The mountains of the north are the loftiest in the world; but the sun-baked plains of the south stretch away for untold thousands of square miles parched by the fierce rays of the tropical sun. By day the heat is almost intolerable; in the Punjab and in Bengal the nights may be cold and raw. Months of absolute drought are often followed by months of unceasing rain. The crops, never adequate for the support of the vast horde of more than three hundred million inhabitants, are as uncertain as to make famine an ever-present factor to reckon with. And hunger and the unspeakable filth attendant on congestion and ignorance are able allies of the climatic diseases from which the country is never free. As I walked about the native quarters of Bombay and Calcutta, or of the cities of the interior of the peninsula I could readily believe the statement that every week 17,000 of these people die of plague, and that eleven times that number perish of cholera in the course of a year.

The physician or surgeon in India must be, primarily I might say, an ophthalmologist, for serious eye diseases form the largest per cent of the cases with which he has to deal. Only a comparatively small number of persons suffering from climatic diseases seek treatment from the western practitioner. Plague and cholera aided by filth and malnutrition act too quickly for the victim to seek relief. But the eye clinics in every city I visited were thronged with patients. I saw innumerable cases of trachoma and its squelae including pannus, ulceration of the cornea, staphyloma, conical cornea, superficial and interstitial keratitis, abscess of the cornea, perforation, hernia and synechia, entropin, trichiasis and distichiasis and even pan-ophthalmitis.

MAJOR MCPHERSON'S CLINIC AT BOMBAY.

While in Bombay I spent considerable time in the eye clinic of Major McPherson. In the course of a day he administered local treatment to as many as a hundred patients, and the first morning I was with him he made some thirty operations. Of the operations, twenty-two were cataract extractions. McPherson told me that as a rule Indians suffering from diseases of the deeper structures of the eye do not seek surgical advise as long as they have any considerable degree of vision. With cataract they are to a degree familiar; for because of the rapidity with which in their climate, maturity and senility overtake them, they are peculiarly liable to the disease. They are familiar, too, with the couching done by the charlatan or Indian quack doctor for its relief. Couching is still practiced among them, though the mountebank today uses a needle instead of the sharp thorn of former days, to dislodge the opaque lens from its bed, and drive it into the vitreous body. He may even in rare cases have learned the value of cocaine. In the larger

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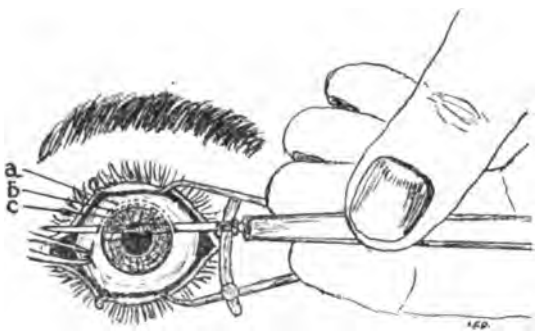
centers of population the eye patients of the Indian quack doctor are deserting him for the English surgeon. But the greater number of them wait until they are blind, and then in every csae they suppose that they have cataract and expect an operation to restore their vision. A large percentage of the operative cases I saw in the clinics, I say, were cataract cases. Of course the people are beginning to realize that they get relief at the public and private clinics from other diseases of the eye. But considering the fact that perhaps 50 to 75 per cent of all Indians have trachoma or some kindred disease, the number that has as yet learned to come for relief to the European clinic forms a very small part of



the afflicted. And I should say that a far greater proportion of those suffering from cataract do come for surgical treatment. Knowing these conditions I was not surprised to see Major McPherson make as many as a hundred or more extractions in one week, and to learn that Colonel Smith whom I saw later at Amritsar in the Punjab sometimes extracts forty cataracts in a morning. Indeed Smith told me that during his residence of upwards of twenty years in India he has made more than 30,000 extractions.

In almost every case of cataract McPherson made an iridectomy. He did not use a speculum, but the lids were held apart by an assistant. He made a large and rapid incision which he finished by a to-and-fro movement. The incision was made at the limbus or slightly within the sclera, and McPherson always secured a conjunctival flap (Fig. a). He used the drop-toothed forceps for removing the anterior portion of the capsule. In some cases, especially if the patient was unruly or the vitreous was soft, he used the cystotome instead of the forceps. He dislodged and removed the cataract with the strabismus hook. In cases where the lens was already dislocated, he extracted it within the capsule. He invariably irrigated the anterior chamber with a normal salt solution sweeping out all the remaining cortical portion or debris. He took care to have the solution at the normal body temperature, and to introduce it with not too much force. He always instilled a 1 per cent solution of atropia sulphate, and kept the pupil dilated for a week or ten days. In some cases he used dionin the third or fourth day. If the cataracts were mature in both eyes, McPherson removed them the same morning. He said that these patients will not return for a second operation, and that he had never seen any bad results from operating on both eyes at the same time.

Major McPherson dwelt especially on the importance of examining the lids and lachrymal sac to see if there were any infectious disease present before operating for cataract. If there were dacrio-cystitis he extirpated the sac; if trachoma existed, he expressed the granules and gave local treatment of silver nitrate for a week or ten days before operating; if there were a pterygium he first freed the eye of the growth before extracting the cataract. For soft cataract he made discision followde the next day by tapping and evacuation.

COLONEL SMITH'S CLINIC AT AMRITSAR.

At Amritsar, the chief trade center of the Punjab, it was my good fortune to spend a little time with Lieutenant-Colonel Smith whose experience in cataract extraction is undoubtedly greater than that of any other surgeon who has ever lived. He is the originator (and chief advocate) of the so-called Indian or intracapsular operation —an operation which in view of the fact that a large proportion of the cataracts with which the surgeon in India has to deal with are hypermature, he may or may not have first made by accident. He now practically confines his operations to this method. In operating Colonel Smith made a large incision embracing nearly one-half the perimeter. He cut close to the limbus but slightly within the cornea (Fig. c). He dispensed with a speculum trusting to an assistant to hold the lids apart. With the strabismus hook he pressed upon the periphery of the cornea at the lower portion, and with a gentle manipulation, dislodged the cataract from its bed when the upper part presented itself within the wound and he whipped it out within the capsule (Fig. II). He did not make iridectomy except in complicated cases. Instead he stabbed the iris near its ciliary margin to prevent any post-operative prolapse. The stab was made at right angles to the radi-

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ating fibers of the iris thus effecting a button-hole. Smith admitted that the point of the knife entered the vitreous; but he did not consider this of serious import as the vitreous would not flow through so small an opening. Indeed the possibility of the loss of vitreous which constitutes the most dangerous feature of the actual extraction by the intracapsular method seemed to give Smith little concern. He is a man of unusual skill. I was surprised to see him remove the lens in its capsule without loss of vitreous in some complicated cases which involved posterior synechia, and in which I should have said that a loss of vitreous would be inevitable. On the other hand, I saw him lose vitreous in cases that promised favorably. And I have been told by other oculists who have seen him operate that he not infrequently loses vitreous. But he told me he did not beileve that the loss of some vitreous would necessarily be followed by serious consequences to the eye; as he thought that the vitreous was restored,and not replaced by aqueous humor. Smith still adheres to the methods that were taught more than a quarter of a century ago in Dublin and London, and does not allow his patients to get up for a week or ten days after the operation; and during this period the eye was not dressed unless there were some untoward symptoms.

He seemed indifferent to the laws and exactions of modern asepsis. He said that asepsis might do very well for Europe and America, but that antispesis was more important in Indis. He rinsed his instruments in a carbolic acid solution, and flushed the eye both before and after the operation with a weak solution of bichloride of mercury; but aside from these measures he did not take the ordinary precautions against infection. All of the cases of the day were received and examined in the operating-room. The patients mingled indiscriminately, the purulent ophthalmic and trachomatous cases with those coming for cataract operations. Smith operated in his business suit, and, with the exception of the surgical nurse, his assistants wore ordinary clothing. The patients were placed on the table in their dirty wrappings which were neither covered nor removed. Besides the numerous spectators, grouped about the room—the various, dirty patients and anxious, perspiring relatives of the person under the knife, the surgical nurse's dog nosed at will about the operating room. Smith is an inveterate smoker and invariably operated with a cigar in his mouth. Yet in spite of these things, he assured me that he rarely had any post-operative infection—not more than one per cent. He reminded me of a pioneer country surgeon who had more original ideas than he had thought or concern for asepsis and cleanliness. He seemed indifferent to any criticism of his methods. He is a fearless, bold operator and certainly a man of much skill and personality. He is far isolated from surgical centers and has nothing with which to compare his work. His practice is confined to Indians of a rather low physical and nervous organism.

In his post-operative cases I noticed a large per cent of eccentric pupils. In nearly every case the iris had healed in the wound and the pupil had been drawn to one side. As the majority of Smith's patients do not return for any subsequent treatment or even the fitting of glasses, it is not possible to know the final results of this intracapsular operation. In view of these results as well as of the dangers attending the operation, I hardly think that it will become generally popular.

COLONEL MAYNARD'S CLINIC AT CALCUTTA.

In Calcutta I found that medical conditions are much the same as in Bombay, Amritsar, and other places in India. It is essential that the general surgeon be especially skilled in ophthalmology, and he not infrequently becomes better known as an oculist than as a general surgeon. At the medical college in Calcutta I met Lieutenant-Colonel F. P. Maynard, professor of ophthalmology in charge of the college and Mayo hospitals as well. He had several native assistants, but made all the capital operations himself.

Colonel Maynard was an extremely busy man. He examined and recorded all new cases personally, in addition to treating from seventy-five to a hundred old patients a day. By far the greater number of these cases were eye cases. Tuesdays and Fridays were his operating days, and he frequently made as many as twenty-five or thirty operations in a morning.

Colonel Maynard told me that he operated for some time in conjunction with Colonel Smith, and that he now uses Smith's operation in about 30 per cent of his cataract cases. He thought that the intracapsular method is well adapted to hypermature cataracts, and he said that most of the Indians do not seek surgical advice until the cataract is over-ripe. He added that it had been his experience to find that the hypermature cataract frequently presented itself as soon as the incision was made, and that consequently we might all of us occasionally extract the lens with the capsule in-

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tact. Colonel Maynard said that in his opinion the operation is not at all adapted to European or American cases; and that if he were practicing ophthalmology in Europe he certainly would not use this method in his private practice. He felt that it involves too great danger of loss of vitreous, and subsequent deterioration of the globe. For he was not of Smith's opinion that the vitreous is restored.

In making an extraction, Maynard made a large incision, embracing almost half of the perimeter of the cornea; but he kept the knife at the limbus, finishing with a conjunctival flap (Fig. b). Instead of fixing the eye at the insertion of the inferior rectus, he grasped it near the insertion of the internal rectus or opposite the point of puncture. After making the incision with a conjunctival flap, he tried the lens, and if it seemed to present itself readily and easily he made the Smith operation. Otherwise, he always made a cystotomy, and in doing this, he made an extensive peripheral incision near the margin of the pupil. He occasionally irrigated the anterior chamber, but in the majority of cases he tried to remove all of the cortical portion by means of the curette. He said he would not dare to irrigate or syringe with a mercurial solution. He thought that the normal salt solution is the only one that should be thrown into the anterior chamber and that this should have the normal temperature of the body, and be introduced into the anterior chamber with little force. For soft cataract he made his puncture either at or slightly beyond the limbus. He said he had had infection and even sympathetic ophthalmia following a puncture made within the cornea, but never any such results following the operation he was making.

I thought Colonel Maynard a very skillful operator, and he seemed to be the most painstaking and scientific oculist I saw in India. I was well impressed by the thoroughly aseptic treatment he gave the eye before operating, and particularly by his custom of flushing the retrotarsal fold or culdesac with a mild solution of bichloride of mercury. With the leading oculists of Europe including Ramsay of Glasgow, Sym of Edinburgh, Hess of Munich and Fuchs of Vienna, he no longer adhered to the old practice of placing a thick bandage over the eyes and confining the patient to his bed for a week or ten days. Instead, Maynard used only a light bandage for twenty-four or thirty-six hours, after which the patient was allowed to go about with the eyes unbandaged. Maynard was of the opinion that a thick warm bandage, particularly in the climate of India would favor if not actually produce infection even in a sound eye. Colonel Maynard's operation for cataract in technique, preliminary and post-operative treatment, and in the general toilet of the eye, approached nearer my ideal than any other I saw in the Orient. For the advanced student of ophthalmology, his clinic offers one of the finest opportunities to become familiar with the various diseases of the eye, and to practice eye surgery, that I know of in the world.

ADVICE TO THE EXPECTANT MOTHER.

C. W. POLLARD, A. B., M. D., Omaha.

The young woman who is pregnant for the first time welcomes advice which is usually freely given by her relatives and acquaintances.

This counsel though well meant may not be wise and even may be harmful. The obstetrician should be the one to direct the pregnant woman how to care for herself, and from him she should learn what to do and what to avoid.

The patient's family history should be taken, upon the first visit, which will include the health and vigor of her mother, the number of childern borne by the patient's sisters and the character of their labors. The question of multiple births in her family, and in that of her husband's, should be ascertained.

The comparison of size and physical characteristics between her and her mother and between her husband and her father, should be learned. The previous history of the patient should be taken.

The patient should have a physical examination so that the obstetrician may learn of any derangement. This should include examination of the teeth and breasts, blood pressure test, and pelvimetry. Any abnormality which needs correction should receive attention. The patient's weight should be noted and she should be questioned whether she has gained or lost recently.

The urine should be examined regularly every three weeks during the early part of pregnancy and every week or two during the last two months. In case the mother has any symptoms of headache, dark spots before the eyes, ringing in the ears, dizziness, feeling of oppression or any other un-

*Read before the Medical Society of the Missouri Valley at Omaha, September 18, 1913. Reprinted from The Medical Herald, Kansas City-St. Joseph, March, 1914.

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usual symptom, she should save a specimen of urine, preferably the morning, and either come to the office or notify you to go to her home for an examination.

The diet should be a general one. If there is any history pointing toward a possible nephritis, then the red meats, peas and beans should be eaten sparingly if at all; provided the kidneys are all right, I believe it is wise to prescribe a high proteid diet; for the mother is better satisfied with less food, she does not gain as markedly in weight, and the baby is not so large. Whereas if the proteids are diminished the patient will eat and require more carbohydrates with the result that she becomes fat and soft and the fetus gains in the same way. Sometimes the patient is satisfied with less food if she has four regular meals per day, eating a small amount each time rather than eating a larger amount three times a day.

If the woman is constipated a diet which tends to overcome this condition should be advised, such as fruits, coarse bread, steel cut oatmeal and prunes.

It is preferable for a patient not to take any laxatives during pregnacy. She should endeavor to have the bowels get in the habit of moving at a regular time each day. If she gives the history of chronic constipation it is wise to give her something to clean out the alimentary canal, and then advise her to drink several glass fulls of water before breakfast and go to the toilet after breakfast even though she does not feel any inclination to have an evacuation.

Usually a slight straining accompanied if necessary by gentle massage along the course of the colon will be sufficient to cause the bowels to move. The gradual diminishing of the amount of water drunk before breakfast may be advised after the regular habit is established. However the average woman does not drink enough water and sometimes it is necessary to prescribe it to the pregnant woman.

During the last two or three weeks or after the lightening has occurred it may be necessary to take a small enema to start the movement.

The expectant mother should be cautioned about drinking alcoholic beverages. Such drinking is an unnecessary tax upon the liver and kidneys.

The obstetrician should urge his patient to leave off tight fitting clothes. The maternity waist or corset is preferable to all others, although there are some straight front corsets which are practically as good. All clothes should be supported from the shoulders. Garters about the leg should be prohibited. High heeled shoes should not be worn especially late in pregnancy on account of the increased danger of triping. There is an awkwardness in walking on account of the necessity of leaning back in order to keep her balance.

The clothing should be sufficient to keep the woman warm and protected. No low-necked gowns should be worn in cold weather. The under-drawers should be closed and the legs of the drawers should be tucked inside of the stockings.

The patient should have fresh air all the time, especially during sleep. While indoors during the colder months it is preferable that she be in a room where there is an open fire in a fireplace.

She should not attend any crowded gatherings nor go into department stores unless they are well ventilated. She should be encouraged to walk every day, except when the ground is slippery.

If this is not a daily habit, then she should walk gradually lengthened distances each succeeding day till she is walking three to five miles daily. Even though the patient is doing her own housework, a walk out of doors every day is beneficial.

A warm bath twice a week is not too often. The skin should be soaped thoroughly all over the body. An alcohol sponge and rub after the bath will prevent catching cold. Keeping the skin clean aids the kidneys in elimination. This bath is changed to shower bath during the last two or three weeks of pregnancy. The patient should be cautioned in taking the bath about slipping or falling in the tub. This can be prevented by using a rubber mat in the tub.

The teeth should be cleansed after each meal, this will not only help to prevent their decay, but also aid in preventing nausea and indigestion. I prescribe glycerophosphate of calcium giving two and a half grains every other day during pregnancy, unless there is need of giving more frequently, on account of caries.

There is no need of rubbing the abdomen or breasts with "mother's friend" or any other oil, unless the patient wishes to prevent the skin scarifications which are not harmful in any way. The idea that the use of an oil on the abdomen will aid labor is of course absolutely false.

Most pregnant women dread marking the baby. It is the duty of the obstetrician to remove this fear. The mother cannot mark the child by what she sees or hears or by what she eats, any more than the hen can mark the chicken in the egg which she is hatching.

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In case the nipples are depressed and short the patient should endeavor to lengthen them by daily massage. During the last month I have the mother apply a little glycerite of tannin to the nipples daily.

Sexual intercourse should be advised against during the first three and last three months.

The pregnant woman should sleep at least eight hours each night, and it may be wise for her to take a nap after the noon meal.

The obstetrician should gain the confidence of his patient during pregnancy so that she may be more ready to follow his advice and counsel during the time of her suffering.

Be not lenient to your own faults; keep your pardon for others. From "Japanese Proverbs," translated by Ota Masayoshi.

The Future of Medicine and Surgery.—Those who like to pry into the future should enjoy some remarks made by Dr. John B. Murphy, at the last meeting of the Clinical Congress. Speaking of the relative promise of medicine and surgery, he said: "If you were to ask me whether if I were to start in to study medicine today, I would take medicine or surgery, I would tell you without hesitation that I would start in internal medicine. The advance of internal medicine in the next quarter of a century will be enormously greater than that in surgery. Internal medicine has enormouly more possibilities than surgery has. It is the internal medicine man that goes into the details, makes a careful examination and analyses, and endeavors to arrive at a diagnosis." There is no doubt that Dr. Murphy is right. Surgery has pretty nearly reached high-water mark. It is more thrilling, more spectacular, more awe-inspiring than internal medicine, but less intellectual. Surgery is fundamentally mechanical; and in the future the surgeon will be more and more dependent upon the internist, including in that term both the medical biologist and the diagnostician. Eventually these classes will lay out the work which the surgeon will execute. The solution of the great problems of disease, the extermination of their causes and how to prevent and cure them will depend upon exhaustive research, involving mental power of the very highest order. We agree with Dr. Murphy: The future assuredly rests with the internist.—Editorial Medical Standard.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

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EDITORIAL

A Double Catastrophe.

The Missouri Athletic Club fire with its attendant loss of thirty or more lives; and the subsequent falling of the west wall of the burned building with a cost of seven lives, is not a medical topic, strictly speaking. Not only St. Louis but the nation as well has been horrified by these catastrophes, and our readers are naturally interested in the circumstances which made such calamities possible and the steps which will be taken to prevent their repetition.

Something like ten years ago the M. A. C. established itself in its home which was lately burned. This home had been the home of a wholesale hardware company and had been remodelled to suit the club's purposes. In the process of remodelling a slow-combustion building was filled with highly inflammable partitions and material. The floors above the fourth were devoted to sleeping quarters (there were seven floors), on the third was the dining-room. The fire apparently started on the third floor. It was discovered at 1:50 a.m. and spread with a rapidity which bespoke gas or gasoline, though it is probable that its real origin will never be discovered. Thirty men are known to have been either burned to death or killed by jumping; many were injured. On the eighth day after the fire, after the recovery of thirty bodies, the west wall fell outward crushing the four-story building of the St. Louis Seed Company and leaving a mass of debris and humanity in the basement. Seven dead and a number of wounded are a consequence of this second M.A.C. disaster.

The City of St. Louis, the nation, the world are questioning how it could be that our city officials allowed such a fire-trap as the M.A.C. building to be used for sleeping and congregating purpose. And they are wondering by whose authority the St. Louis Seed Company opened its place of business close under the shadow of a weakened wall of much greater height, two sec-

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tions of which had already fallen outward, the second of which had already done much damage to the rear portion of the seed building? At the the present city officials and officials of the company are busy shifting the blame for this second disaster. Whatever we may think of the first, the second certainly was unnecessary and preventable, the blame for it should land in some definite place for the future protection of our people.

St. Louis is not unlike other cities. It has many old structures which cannot be at once abandoned, which are yet very serviceable, which have never been considered fire-proof or even slow-combustion. These cannot be at once eliminated in any city without loss to owners which would be unreasonable to demand. But cities can refuse consent to have such places used as sleeping places for considerable numbers of persons, or as places where people shall congregate in considerable numbers. The authorities are after certain of the theaters, notably the Olympic and the Odean; but they have as yet to look to numerous place where, on upper floors, entertainments are given and where exit is difficult in times when there is no fear or excitement.

Possibly, probably those who have lost their lives in the two disasters have served mankind well, are martyrs to the cause of humanity in that their sacrifice is to bring about better conditions.

The Los Angeles Salvarsan Deaths.

The present seems to be a number of the Fortnightly which is to speak of calamities and disasters. According to press reports generally published on the 7th and 8th seven persons died at the County Hospital at Los Angeles on the 6th as a consequence of the administration of neo-salvarsan, an eighth being in the throes of death. Two of our own patients have already mailed us this clipping, one from Kansas the other from Minnesota, which shows that the public has been reached by the bad news.

But we are indebted to the editor of the Southern California Practitioner for considerable enlightenment and reassurance. The press report left the impression that the intravenous injection of neo-salvarsan occasioned these deaths, while the facts are that in each case the intravenous injection caused so little appreciable trouble that subsequent withdrawal of blood was done and from it salvarsanized serum obtained which was injected intraspinally. It was the intranspinous injection which resulted so fatally. But the salvarsanized serum was not injected alone, it was combined, in certain if not all these cases with neosalvarsan solution. This seems to have been the error of the procedure. Swift and Ellis have reported their findings in experimental work in introducing salvarsan solutions into the spinal canal and have assured the profession of the danger in all other solutions than the salvarsanized blood serum of the patient who is to receive it.

We believe that the prominence given the press reports makes it desirable that all publicity possible be given the report sent us, which is to be a part of an editorial in the Southern California Practitioner for this month:

SALVARSAN DEATHS—SUPERINTENDENT WHITMAN'S REPORT.

Los Angeles, March 11, 1914.

Honorable Board of Supervisors,
Hall of Records, City.

Gentlemen: I herewith submit to your body a report covering, as near as is possible for me to do, all of the circumstances and particulars appertaining to the fatalities which occurred at the county hospital following the administration of salvarsanized serum to eight patients, all of whom were suffering from the effects of syphilis in advanced stages of the disease. In some, there was disease of the bones; others were in advanced stages of locomotor ataxia, in which portions of the spinal cord were degenerated.

The Wassermann test, which is considered reliable, was made in each and every case; in addition a cell count of the cerebro-spinal field and the butyric acid test were made, all corroborating the clinical diagnosis of syphilis.

Hence there can be no question as to the nature of the disease from which these patients suffered. The diagnosis having been confirmed, the question of treatment was a matter of selection. Well knowing that the older forms of treatment had proven ineffective in syphilitic cases, where the spinal cord was involved, and neosalvarsan, which has been regarded as a specific in the earlier stages, had proven ineffective when administered by the blood or into muscular tissue, another recognized mode of procedure was adopted, viz., the intraspinal administration of salvarsanized serum, the technique of which is somewhat complicated, but it is exact, i.e., the quantity given to each person is definitely known, and according to reports from med-

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ical authorities, is more effective than when given in any other way.

In this connection I desire to state to your honorable body that the Los Angeles County Hospital, instead of being an experimental station, as might be inferred from some published accounts concerning this unfortunate affair, is in fact, although progressive, one of the most conservative of its kind, as is evidenced by the fact that the intra-spinal method of using salvarsanized serum had been in use for at least a year in many medical centers throughout the country before being used in this institution, and medical reports seem to indicate that this method is becoming the method of choice by many physicians in the treatment of spinal syphilis. It follows therefore that the treatment here used was no experiment, and I desire at this time to emphasize the fact that no experimental treatment upon human beings has been conducted in this institution since my incumbency, nor will any be tolerated.

On the seventh of the present month, after consultation with several physicians, all members of the attending staff, Dr. A. T. Charlton directed the administration of salvarsanized serum to eight patients in the County Hospital the serum having been prepared by himself according to authority. As all accounts so far published in the local press concerning the preparation and administration of this remedy to to these patients are more or less inaccurate I submit herewith attached in detail, Dr. Charlton's statement concerning the technique followed by him throughout the whole procedure.

STATEMENT OF DR. CHARLTON.

"On Friday, the 6th instant, between 9 and 11 a.m., I withdrew about 15 c.c. of blood from the veins of the arms of eight patients, and from two others about 6 c.c. of blood only was obtained. The amount of blood received from the two latter patients furnishing an insufficient quantity of serum for the spinal treatment, I decided to make a dilution which would include eight spinals and two intravenous treatments, and this was done. Two ampules were used for this dilution. On account of the lapse to time the intravenous was not used.

"The blood was taken through sterile pipette placed in sterile centrifuge tubes and the serum separated from the fibrin and red cells. The serum which was perfectly clear, was pipetted off to the amount of 5 c.c. and this was placed in a sterile glass stopper bottle; to this was added one, two or three milligrams of freshly dissolved neosalvarsan in sterile normal salt solution. Following this there was added to the preparation 8 c.c. of sterile normal salt solution, using a sterile graduated all glass syringe. This procedure was carried out absolutely with the serums from each of the eight patients separately. The preparations were then all placed in a water bath at a temperature of 54C for one-half hour. They were then placed in a refrigerator for twenty hours, each bottle labeled with patient's name and dosage for each.

TECHNIQUE OF ADMINISTRATION.

"Under the usual aseptic conditions from three to seven cc. of spinal fluid was drawn from each patient. Then from each individual bottle there was taken the diluted salvarsanized serum, using a sterile graduated glass syringe, and with this syringe the contents was introduced through the same needle by which the spinal fluid was withdrawn."

I desire to state further that from the time my attention was called to these cases until the present, I have left nothing undone that would shed light upon the cause of this tragedy.

I personally drove to Pasadena and got the coroner, and at his request, went for the county autopsy surgeon. I also called in consultation a half a dozen or more prominent members of the profession, whose knowledge and advice I thought might be of service to us in this emergency.

I personally phoned to all of the morning newspapers, giving them the first information they had of the affair, and I have practically placed myself and the records of the hospital at the disposal of the public through the press and county officials ever since.

As to the embalming of these bodies prior to autopsy, I will state that this was not done at the county hospital, nor by anyone connected with the hospital, but was done without our knowledge after the corner had removed the bodies from the hospital.

It is only fair to the coroner to state that to my personal knowledge he was advised by six or more physicians that an autopsy would not reveal any characteristic lesions that would account for the deaths, and this opinion was substantiated by the autopsy. However, the autopsy was justified, since it revealed syphilitic lesions in the lung, liver and spinal cord

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in a patient who had denied having syphilis, thus corroborating the clinical and laboratory diagnosis and justifying the antisyphilitic treatment.

The most plausible explanation of the cause of death in these cases is that oxidation had taken place in the neosalvarsan. This could have occurred through some defect in the glass container that was not apparent at the time the preparation was used. In conclusion I desire to express our appreciation of the treatment accorded our county hospital by the great mass of the public and the press in this unfortunate affair, and I can only repeat that there is nowhere more sorrow concerning this unfortunate outcome of what was intended to be for the best health interests of the deceased patients, than there is among the house and attending staffs of the Los Angeles County Hospital.

Very truly yours,

C. H. WHITMAN, Supt.

Association of American Medical Colleges.—At the twenty-fourth annual meeting of this association, held in Chicago on Monday and Tuesday, February 23d and 24th, the following officers were elected: President, Dr. Isadore Dyer, of Tulane University, New Orleans, La.; vice-president, Dr. Charles R. Bardeen, of the University of Wisconsin, Madison; secretary and treasurer, Dr. Fred C. Zapffe, of Chicago, reelected; executive committee, two years, Dr. William J. Deans, of Sterling, Ohio, Dr. Randolph Winslow, of the University of Maryland; one year, Dr. Egbert LeFevere, of the University and Bellevue Hospital Medical College, New York. Next year's meeting will be held in Chicago.

Two Chicago judges decided cases of interest to physicians recently. Municipal Judge Fisher held that physicians treating minors must tell the parents the nature of the disease or else they cannot recover their fees. The case was that of Dr. M. O. Hoover, who sued for his fees for attending a child with diphtheria. The doctor said he kept the fact of its being diphtheria from the mother because he did not wish to frighten her. The other suits Dr. A. E. Kay against the estate of Eliazbeth Madigan was for fourteen days' attendance, the bill amounting to $401.50. Probate Judge Gregg held that the fee was excessive and cut it down to $59. The estate left by decedent amounted to $12,000.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

Modern Medicine: Its Theory and Practice. In original Contributions by American and Foreign Authors. Edited by Sir William Osler, Bart., M.D., F.R.S., Regius Professor of Medicine in Oxford University, etc.; and Thomas McCrae, M.D., Professor of Medicine in the Jefferson Medical College, Philadelphia, etc. In five octavo volumes of about 1000 pages each, illustrated. Volume II. Diseases caused by Protozoa and Animal Parasites—Diseases Due to Physical, Chemical and Organic Agents—Diseases of Metabolism and of the Respiratory System. Just Ready. Philadelphia and New York: Lea & Febiger, Publishers, 1914. (Price per volume, cloth, $5.00, net; half morocco, $7.00, net.)

The prompt appearance of the second volume of the new Osler and McCrae's Modern Medicine gives evidence of excellent organization and efficient co-operation between editors and contributors. This volume has the same handsome appearance as its predecessor, and the same high standard of literary contents. The illustrations, and especially the colored plates, are of exceptional beauty. The subjects treated include Protozoan and Metazoan Infections; Diseases caused by Physical, Chemical and Organic Agents; Diseases of Metabolism and Diseases of the Respiratory Tract.

The eminence of the contributors and the authoritative character of their contributions make it difficult to select any for special comment. Two subjects, however, which have undergone the most revolutionary changes since the appearance of the original work, are represented by Sir William Osler's extensive article on Syphilis, in which treatment is given at considerable length, and an entirely new chapter of high authority on Pellagra. Other sections discuss subjects which have been along the recent line of advance of medical science, and make the volume of exceptional interest and value.

Obstetrics. A Manual for Students and Practitioners. By W. P. Manton, M.D., Professor of Obstetrics and Clinical Gynecology, Detroit College of Medicine, Detroit, Mich. Second edition, revised and enlarged; including selected list of State Board Examination Questions. 12mo, 292 pages, with 97 engravings. Philadelphia and New York: Lea & Febiger, Publishers, 1913. (Cloth, $1.00, net.)

This little volume fills admirably the twofold purpose for which it was created, namely, a convenient manual by which the physician can quickly refresh his memory, and an excellent means by which the studnet can review his course on obstetrics in preparing for examination. The questions appended to each chapter will be found a

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strong mental stimulus. The revision for this new edition has been so thorough that it has amounted virtually to a rewriting, so that the book is really a new one. It is exceptionally well illustrated, and is typographically all that could be desired. Its large circulation is apparent in the unusual value which the purchaser receives.

Anatomy and Physiology—A Text-Book for Nurses. By John Forsyth Little, M.D., Assistant Demonstrator of Anatomy, Jefferson Medical College, Philadelphia. 12mo., 483 pages, with 149 engravings and 4 plates. The Nurses' Text-Book Series. Philadelphia and New York: Lea & Febiger. Publishers, 1914. (Cloth, $1.75, net.)

This concise work presents all the essential points of anatomy and physiology, which the nurse must have at command for the proper comprehension of her professional duties. The authors style is clear and untechnical, and no theories have been included except those which have been definitely accepted by teachers of these subjects. Emphasis has been placed on the descriptions of organs and their functions which are of fundamental importance in the practical work of the nurse. The volume is extremely well organized, and the judicious use of heavy-faced type brings out in their proper relations the varions headings and sub-heads according to their importance. The illustrations are very unusual in their excellence; many of them are taken from Gray's Anatomy, and these have the names of the parts engraved directly on the face of the cut, so that each part, its relations and extent are manifest at a glance. At the end of each chapter there is a list of questions which serves to impress upon the mind the salient points in the chapter. At the end of the book there is a table of weights and measures, a full glossary, and admirable index. This work stands alone in its efficiency as a teaching instrument in the nursing field.

Cholera in the Philippines.—Surgeon Heiser, of the United States Public Health Service, chief quarantine officer and director of health for the Philippine Islands, reports that during the three weeks end ing January 24, 1914, there were 25 cases of cholera with 14 deaths reported in Manila. Cholera continues to make its appearance in widely separated sections of the islands and in persons who have apparently not come in contact with individuals suffering from cholera. Prompt measures have been taken in each instance and the disease has been eradicated.

THE MONTH'S MAGAZINES

The Art of Today.—A thoughtful and sincere attempt to sum up the situation in art today is to be made in The Century Magazine for April. The editor says that a revolution against settled art standards is now in full career and "it is time that we study signs, seek to define directions, and somewhat forecast the convention that is to come."

Under the general heading of "This Transitional Age in Art" have been gathered five authoritative papers, covering every phase of the subject and profusely illustrated with more than fifty pictures, some of them in full colors. The subjects are: I. "Is Our Art Distinctively American?" by John W. Alexander, President National Academy of Deisgn; II. "The Painting of To-Day" by Edwin H. Blashfield, President Society of Mural Painters; "The Painting of Tomorrow" by Ernest L. Blumenschein; IV. "The Point of View of the Modern'" by Walter Pach; V. "The Ancestry of Cubism" by Jay Hambidge and Gove Hambidge.

The White Peril.—It takes considerable effort in this country to work up an interesting amount of alarm about the "yellow peril." If the citizen of China or Japan ever wastes time and nerve-force on similar themes, he should have no trouble in depicting a "white peril" fit to daunt the bravest samurai.

The history of the last four centuries has been a tale of the depression of Asia and exaltation of Europe; of loss to the yellow man and gain to the white.

When the sixteenth century was born, the yellow race outnumbered the white race two or three to one, and the odds in area and productiveness of territory were still against the paleface. Mongolian peoples held supreme control of Siberia, Turkestan, the Chinese and Japanese empires, and the huge peninsula of farther India. Their mastery of Persia was little less complete. The Tartars had recently been beaten back from the walls of Moscow, but they still dominated half of European Russia. The Turks, not a yellow people, but possessing Mongolian affinities, encircled the Black Sea, owned the Danube valley and Balkan peninsula, and took tribute from North Africa almost to the straits of Gibraltar. Samark and still boasted the glories of Tameralne, and Baber was soon to start on the "Mongul" or Mongol conquest of India.

Look at the map today. The half denatured Turk has disappeared from Africa,

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and holds but a hand-breath of Europe. Siberia, Turkestan, and a goodly slice of the Chinese empire are being Russianized. Armed muzhiks guard the tomb of Timour, and English clerks give orders to the heirs of Baber and Akbar. A new world was discovered in the west, and the white man has seized it; a new continent was found in the south, and the white man has claimed it for his own. He girdles the sea and bestrides the land; he has left but two yellow empires independent—and who knows when he may weary of this small forbearance?

Verily, a Chinese jingo would have plenty of basis for alarmist oratory.

One danger, to be sure, may grow out of the very extent of the white dominion. The yellow peoples may conclude that they are doomed any way, take courage of despair, and set out to do as much damage to the white man as possible before yielding to him. A white nation like our own is which within striking distance of the yellow lands should maintain enough military and naval force to guard aaginst this possible but very improbable event. But in the light of four centuries of history, of the advantages of numbers, wealth, organization and strategic advantages now possessed by the white man, talk of a yellow conquest of the earth is a fantastic dream. —George L. Knapp in March Lippincott's.

"A Gentleman."—One finds a gentleman in evey sort of class; and a man can be very well-born and very ill-bred, like Bryon. A gentleman can neither be proud nor vain; he must meet every one with quiet, friendly, kindly dignity. You must feel absolutely sure of him, sure that he will never do a mean or a spiteful thing. I think a gentleman can hardly escape being a good man because the essence of wickedness is injustice and a desire to have more than your share; a gentleman must be liberal, though not profuse; he must be simple, full of good-will, with no icondescension, and still less ostentation. The essence of it is an artistic kind of social justice, I believe, taking people as they are, finding one's circle ready-made; a gentleman never wants to migrate out of his class, and I don't think he can be allowed to have ambition. He must be set on making the best of life as it is, at every moment of the day; he must be always aware of the drift of other people's thoughts and moods, and he must never set his own mood against theirs. In fact I believe it is a blend of sympathy, and self-possession."

"Well," said the lawyer, "you may be right but I confess to feeling it all rather flat. I really don't think I know any one who would consider himself a gentleman on those lines."

'You have hit it," said the parson; 'the point of the whole thing is that no gentleman ever thinks whether he is or is not one."—Arthur C. Benson, in the March number of The North American Review.

WHAT THE MEDICAL EDITORS ARE SAYING.

The Myth of the Needle Man.—The person of average intelligence and some imagination demands food for his delusionary mental meanderings. Aided by a sensational press he is constantly fed with some nonsenical pabulum which has only heated air as a basis.

Just now the hyper- and the hypo-hysteriacs are revelling in the alleged activities of mythical white slavers, who, being at a loss to know how to capture new victims, have resorted to the hypodermic needle as a means of attack. According to the press accounts, curare, hyoscin or morphin are injected into an unsuspecting victim's arm while she is in a theatre, shop, public conveyance or other place where she is surrounded by people. The unfortunate women have been rescued by relatives or friends as unconsciousness, "brought about by the deadly influence of the noxious drug" was stealing over the victim. The women who claim to have thus been attacked unite in declaring they have felt the prick of a sharp point and some have acknowledged faintness, but we have yet to hear of one displaying the well known signs of intoxication from one of the drugs mentioned, nor have we heard that the mythical needle men successfully accomplished their foul designs.

We grant our good friends, the reporters, that these stories are good as space makers. These be hard times,' tis true, and even a reporter must live. But why not confine his efforts to seeking out the haunts of graft? It is alleged the haunts are many and are not a day's ride from New York City. Or why not take a whack, or several whacks, at poor, old, discredited Tammany? Or berate the high cost of living? Or revive the now partly forgotten Thaw case?

But why work on the hysterical sensibilities of gullible men and women in such a heartless manner? This business is be-

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yond the "good story" stage. It is now a serious matter. Men are afraid to allow their wives and daughters on the streets unless accompanied, for fear they will run afoul of a needle man. It is time the myth takes its place with the other fakes foisted on an unsuspecting and ready to-be-fooled-again public.

There is no needle man, unless some weak-minded boy, whose mind has been fired by newspaper stories, blunderingly attempts to frighten a girl with a pin or needle.

None of the alleged victims has been able to show that she was really attacked with a hypodermic needle.

None has shown the tell-tale wheal which follows hypodermatic injection.

None has demonstrated that a hat pin in the hat of another woman has not been the "needle."

Physicians know that it would be almost if not quite impossible to inject the contents of an hypodermic syringe into a woman's flesh and only give the sensation of a pin prick.

The needle man and his mysterious poison is pure buncombe, doled out to hysteriacs and now believed by many, who have been impressed by the newspaper accounts. It is high time the papers squelched this nonsenical stuff. As The World well says:

"If the popular imaginaton is to become heated to a point where it discerns an attempt at abduction in every "dizzy feeling" or momentary illness suffered by a woman in a public place, it will be unsafe for a man to offer the slightest civility to any person of the other sex whom he does not happen to know. To assist a woman into a car will subject him to suspicion, and to go to her aid if she faints in the street will render him liable to arrest as a white-slaver."

We must confess to the belief that much of the white slave talk is overdrawn and exaggerated. Many of the victims of the disgraceful traffic are very willing to go and come at the bidding of a stronger will.

Hysteria, we fear, has gone far to permit well meaning people to take the most extreme views of this matter.

Meanwhile, call off the newspaper's "needle man."—Medical Times.

He that does good to another man does also good to himself; not only in the consequence, but in the very act of doing it, for the consciousness of well-doing is an ample reward.—Seneca.

SOCIETY PROCEEDINGS

PROGRAMS OF THE ST. LOUIS MEDICAL SOCIETY.

Visiting physicians are invited to attend; 3523 Pine street, 8.30 p.m.

SATURDAY, MARCH 28, 1914.

The Etiology and Treatment of Gastric and Duodenal Ulcers, Drs. Smith, Coughlan, Bartlett.

SATURDAY, APRIL 4, 1914.

Joint Meeting with the American Physical Education Association.

SATURDAY, APRIL 11, 1914.

Neuro-Surgical Cases, Drs. Schwab and Sachs.

SATURDAY. APRIL 18, 1914.

The Prevention of Peritonitis in Belated Cases of Intra-abdominal Infections with Especial Reference to Iodine, Dr. J. A. Crisler, Memphis.

SATURDAY, APRIL 25, 1914.

State Medical Legislation.

SATURDAY, MAY 21, 1914.

Precancerous Conditions: How They Are to be Recognized and Treated, Dr. Wm. L. Rodman, Philadelphia.

AMERICAN LIFE CONVENTION — MEDICAL SECTION.

Fourth Mid-Year meeting at French Lick Springs, Ind., March 4-6, 1914.

Dr. Armand Ravold of St. Louis, Mo., summing up the results of three years of personal experience with the use of salvarsan or 606, for the mid-year meeting of the Medical Section of the American Life Convention held at French Lick Springs Hotel, French Lick, Ind., March 4-6, declared the remedy to be a valuable therapeutic in the primary stages but less valuable than mercury in advanced cases. He gave the history of 98 cases which he had under treatment and observation for three years. Of this number he reported twenty cures, and two of these cases returned later with new infections. The speaker was positive that the infections were entirely new. From the insurance standpoint he considers the disease is incurable, owing to the often brutal methods of treatment required, the astonishing indifference on the part of those afflicted and their unfaithfulness to

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treatment. From an insurance standpoint the rigid treatment is impracticable as applicants will not submit, especially to the spinal serum test which, Dr. Ravold admitted, has a strong element of danger to the patient. Even in the most skilled hands, he said, the patient is liable to serious injury.

Dr. H. A. Baker of Pittsburgh, Pa., declared the overweight of any age an unfavorable insurance risk. Other classes which it developed the medical directors generally exclude are syphilitics and goiterous applicants as well as heart cases. The leading causes of mortality were given as syphilis and its allied nervus disorders and Bright's disease, which have driven tuberculosis from the head of the list.

Dr. Robert H. Babcock, the Chicago heart and lung specialist of world-wide reputation, gave an address which was one of the best of the meeting. Dr. Babcock is totally blind and has been since early boyhood, and he is regarded as one of the marvels of the scientific world.

Over one hundred insurance companies were represented by their medical directors, many men of national reputation participating in the program. Notable among them was Dr. William J. Mayo of Rochester, Minn., who spoke on "Surgery in Relation to Life Insurance." Mr. Mayo stated that overweights are not good operative risks. He believes that patients once afflicted with cancer are not necessarily bad insurance risks, and may be accepted five years after the operation. Resection of the stomach for cancer gives about 25 per cent of five-year cures, and the operative mortality is about 10 per cent.

Women as Internes in Hospitals.—The new appointment recently made from among the seniors for Johns Hopkins Hospital, for year beginning September, included two women. Two women have also successfully passed the examination for admission to the interne staff at Bellevue Hospital, New York, and the question of their appointment is now before the board.

Hospital Not Liable for Damages.—A suit for $15,000 damages, filed by Oren H. Faught, against the Protestant Deaconess Society of Indianapolis, ending in Superior Court, Room 3, when Judge Roctford instructed the jury that the institution was a charitable organization and, as such, was not liable for damages. Faught alleged that an operation which he underwent at the hospital was not performed skillfully.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner.

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scientific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $1.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 714 and 717 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

At a recent meeting of the Tri-State Medical Society of the Carolinas and Virginia, Dr. E. C. Register, who has been editor of the well-known Charlotte Medical Journal for twenty-five years, was elected president.

Suicide Prevention.—The Chicago Salvation Army claims to have prevented 100 suicides in a year by its ministrations. Suicide, except in insanity and in instances in which the victim feels—rightly or wrongly need not be discussed here—that his removal from society is a public benefit, can almost always be prevented by human sympathy and help. Here we have an illustration of sentiment as a prophylactic factor, ranking in importance, so far as the death rate is concerned, with many highly scientific methods.

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The Iowa State Board of Control has purchased for $200,000 the Flynn farm as a site for the State Epileptic Colony. It is three miles west of the city limits of Des Moines, and contains 1,080 acres, and buildings valued at $60,000.

Christian Science has long since been repudiated by Christian churches and by scientists of every denomination. Now comes the Independent Order of B'nai B'rith and through its western jurisdiction refuses membership to Christian Scientists. What next?

Rubber Skates six feet long, for walking on water are sufficiently practical for the German army authorities to use them in an experimental way. We suppose the time will come when skating on water will be among the contests at conventions, particularly when they are held at summer resorts where water facilities are ample.

Cocaine Ruling.—The Attorney General of New York State holds that a physician, unless he acts as a dispenser in the sense of a druggist, is not required to furnish a certificate giving name and address of patient, seller of drug, his own name and address and date and amount of drug. He must, however, keep a book record of all cocaine disposed of by him.

Eugenic Marriages for New York.—Mr. Robert Lee Tudor of New York, has introduced a bill into the Assembly of New York State providing that, before a marriage license may be issued, both parties to the application for the license must file certificates from physicians showing that they are not affected with any disease, physical or mental, which is contagious or likely to be hereditary.

The Density of the Population.—The density of population has recently been compiled. Great Britain takes the lead with 132 inhabitants per square kilometre, which is equal to 0.3861 square mile; then comes Japan, 114.4; Italy, 106.6; the German Empire, 104.2; then comes Austria 87; Hungary, 59.6; France, 72.2; Spain, 35.9; the United States, 8.4; Russia, 5.9.

Acting Dental Surgeons.—Twenty-eight vacancies now exist in the U. S. Army. Examinations will be held Monday, April 13, at several places. The pay is $150 per month, with perquisites. Appointments are for three years with promotion to the rank of Dental Surgeon, 1st Lt., at the end of that period, if qualified. Application should be made to the surgeon-general at least two weeks before the examination.

Subscribe for the Medical Fortnightly.

Federation of Medical Boards Meetings.—The second annual meeting of the State Medical Boards of the United States was held in Chicago, February 25. The following officers were elected: President, Dr. Charles H. Cook, Natick., Mass.; vice-president, Dr. T. Addison McCann, Dayton, O.; secretary-treasurer, Dr. Oscar C. Huffman, Albany, N.Y., and executive committee, Drs. John M. Baldy, Philadelphia; Herbert Harlan, Baltimore; Walter L. Bierring, Des Moines.

Crematory in the Canal Zone.—A crematory has been established at Ancon, located in the Ancon cemetery. It is proposed to abandon this cemetery, the location of which will becme a part of the new Balboa townsite, and the crematory, now housed in a temporary structure, is for the purpose of incinerating the remains from the cemetery. Notices have been sent out to relatives or friends of persons interred in the cemetery where the addresses are available, giving them ninety days to remove bodies, after which time they will be cremated if not removed. A new site for a cemetery will be provided, probably at Corozal, and the crematory furnaces will be installed in a permanent building.

Coffin Shaped Poison Tablets.—A bill has been introduced in the house of Representatives by Congressman Browning under which it shall be unlawful to manufacture, dispense, sell, or distribute in the District of Columbia or in interstate commerce any tablet containing mercuric chloride, corrosive sublimate, in larger amounts than one-eighth of a grain in each tablet, or any other poisonous tablet intended for external use, unless such tablet is made in the shape of a coffin, each bearing the word "poison" and a skull and crossbones design, and the bottle or other container bearing a red label stating the composition of the tablet and the word "poison" and skull and crossbones design. It is understood that application has been made for a patent on this particular design and that this patent will be assigned, if granted, to the American Pharmaceutical Association, which in turn will permit the privilege of using it to any manufacturer. It is said that the application was made with a view to preventing any one manufacturer from attempting to monopolize the design. The bill further prohibits the introduction, from abroad or from one State into another, of poisonous tablets for external use, save under similar restrictions.

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MEDICAL MEMORANDA

The Recovery From Typhoid—In spite of the improvements in general sanitation, typhoid fever still continues to exist, and is especially prevalent during the fall and early winter months. It is more than probable that most cases occurring in the larger cities are the results of infections contracted at the summer vacation resorts, where the water and food supplies are not carefully safeguarded as in urban communities. Although many forms of treatment, designed to abort or cut short the disease, have been advocated from time to time, it is indeed doubtful whether such regulation of the infection has ever been accomplished. As the average course of typhoid is from four to six weeks, it is scarcely to be wondered at that the patient usually emerges from the attack in a generally devitalized condition. This is accounted for not only by the general toxemia incident to the bacillary infection, but also because the practically exclusive milk diet generally adopted deprives the patient of the natural food iron which ordinarily maintains the ferric sufficiency of the blood. Some degree of anemia is therefore almost always in evidence when convalescence is first established. The quickest and safest way to overcome this blood deficiency and to hasten revitalization and a return to the normal, is to give pepto-mangan (Gude) regularly and in full dosage. This thoroughly agreeable and acceptable hematic tonic is particularly serviceable in typhoid convalescence, because it does not irritate or disturb the digestion, nor induce constipation.

An Open Letter to the Doctor—In your practice you doubtless have many cases of insufficient intestinal function, producing secondarily gastro-intestinal fermentation, loss of appetite, disturbed nutrition, headaches, circulatory disturbances and various neurosis. For the relief of this condition, in conjunction with proper regulation of diet and exercise, we respectfully suggest the use of Pluto Water as an intestinal eliminant. It has the advantages of prompt, painless, thorough action, convenience and accuracy of dosage and it does not injure the intestinal lining nor lead to atony. Its merit is shown by the large number of physicians prescribing it and by the many thousands who use it, and may be obtained at all drug stores. Samples will be sent you on request. French Lick Springs Hotel Co.

Cystogen-Aperient (Granular Effervescent Salt) This product is an excellent example of that type of worthy proprietary medicines which cannot be extemporaneously compounded and can be manufactured only by skilled chemists with the full facilities of a large laboratory. The formua has always been open to the profession and the advertising has been free from the objections so often urged against proprietary medicines. It is not presented as a saline purgative, but as a rational therapeutic aid wherever treatment is based on elimination of waste products. The formula shows that each teaspoonful contains

Cystogen ($C_6H_{12}N_4$).....gr. v.
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Cystogen-Aperient, it will be seen from the above, combines the laxative and tonic properties of sodium phosphate and tartrate with the urinary-antiseptic and solvent action of cystogen.

Cracked nipples are promptly relieved by painting three times a day with tincture benzoin comp. Or five per cent solution of silver nitrate.

Chronic autointoxication may include any symptoms from headache, drowsiness, and inability to think to hardening of the arteries and all that that means, with premature death.

STATE MEDICAL SOCIETY CALENDAR

SOCIETY	PRESIDENT	SECRETARY	MEETING 1914
Alabama	Robert S. Hill, Montgomery	J. N. Baker, Montgomery	Montgomery.
Arizona	Ira Huffman, Tuscan	C. E. Yount, Prescott	Tucson.
Arkansas	F. B. Young, Springdale	C. P. Merryweather, Little Rock	Eldorado.
California	Fitch C. E. Mattison, Pasadena.	Philip M. Jones, San Francisco	Santa Barbara, Apr., 14-16
Colorado	O. M. Gilbert, Boulder	Melville Black, Denver	Boulder, Sept.
Florida	P. C. Perry Jacksonville	Jas. D. Pasco, Jacksonville	Orlando.
Georgia	Ralston Lattimore, Savannah	Wm. C. Lyle, Augusta	Atlanta.
Idaho	F. W. Mitchell, Blackfoot	Ed. E. Maxey, Boise	Boise.
Illinois	Charles J. Whalen, Chicago	W. H. Gilmore, Mt. Vernon	Decatur.
Indiana	A. C. Kimberlin, Indianapolis	Chas. N. Combs, Terre Haute	Lafayette, Sept. 24-25.
Iowa	Lee Wallace Dean, Iowa City	J. W. Osborn, Des Moines	Sioux City, May 13-15.
Kansas	M. F. Jarrett, Ft. Scott	Chas. S. Huffman, Columbus	Wichita.
Kentucky	W. O. Roberts, Louisville	Arthur T. McCormack, Bowling Green	Newport.
Louisiana	Fred J. Mayer, Opelousas	L. R. DuBuys, New Orleans	New Orleans.
Michigan	Guy L. Kiefer, Detroit	F. C. Warnshuis Grand Rapids	Lansing, Sept. 11-12.
Minnesota	A. E. Spalding, Luverne	Thos. McDavitt, St. Paul	St. Paul, Oct.
Mississippi	L. C. Feemster, Nettleton	E. F. Howard, Vicksburg	Columbus, April 14-16.
Missouri	E. H. Miller, Liberty	E. J. Goodwin, St. Louis	Joplin, May 12-13-14.
Montana	W. P. Mills, Missoula	Herbert D. Kistler, Butte	Lewiston.
Nebraska	D. C. Bryant, Omaha	Jos. M. Aikin, Omaha	Lincoln, May 12-14.
Nevada	A. P. Lewis, Reno	Martin A. Robison, Reno	Reno, Oct. 13-15.
New Mexico	H. B. Kauffmann, Albuquerque.	R. E. McBride, LasCruces	Albuquerque.
New York	William F. Campbell, Brooklyn.	Wisner R. Townsend, New York	New York, April 28-30.
North Carolina	J. M. Parrott, Kinston	John Ferrell, Washington, D. C.	Raleigh, June 16.
North Dakota	Murdock MacGregor, Fargo	H. J. Rowe, Casselton	Grand Forks.
Ohio	George A. Fackler, Cincinnati	C. D. Selby, Toledo	Columbus, May 5-7.
Oklahoma	J. M. Byrum, Shawnee	Claude A. Thompson, Muskogee	Guthrie, May 12-14.
Oregon	Calvin S. White Portland	M. B. Marcellus, Portland	Portland.
Pennsylvania	E. B. Heckel, Pitsburgh	Cyrus Lee Stevens, Athens	Pittsburg, Sept. 21-24.
South Dakota	Fred A. Spafford, Flandreau	R. D. Alway, Aberdeen	Watertown, May.
Tennessee	W. D. Haggard, Nashville	Perry Bromberg, Nashville	Memphis, April 7-8-9.
Texas	Marvin L. Graves, Galveston	H. Taylor, Fort Worth	Houston, May 12-14.
Utah	John F. Critchlow, Salt Lake C'y	W. Brown Ewing, Salt Lake City	Salt Lake City.
Washington	C. J. Lynch, North Yakima	C. H. Thompson, Seattle	North Yakima.
Wisconsin	Chas. S. Sheldon, Madison	Rock Sleyster, Waupun	Oshkosh Oct. 7.
Wyoming	Amos W. Barber, Cheyenne	W. H. Roberts Sheridan	

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